PAGE

IN RE U.S. PATENT APPLICATION SERIAL NUMBER:

09/694,777

TRANSMITTAL COVER LETTER FOR FACSIMILE TRANSMISSION

PLEASE DELIVER THE FOLLOWING PAGES TO:

Hon. Commissioner of Patents

and Trademarks

Washington, D.C. 20231

Attention:

FAX RECEIVED Sandra

1647

DEC 3 0 2001

TELECOPIER NUMBER:

(703) 872-9306

Group Art Unit:

GROUP 1600

THE SENDER IS:

Elinor K. Shin

Registration No. 43,117 c/o FISH & NEAVE

FISH & NEAVE 1251 Avenue of the Americas New York, New York 10020

Fax: (212) 596-9090

CLIENT NO. <u>03728.008</u>

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

November 30, 2001 Date

TOTAL NUMBER OF PAGES, INCLUDING COVER LETTER:

DATE: November 30,2001

TIME:

TELECOPIER OPERATOR:

Please acknowledge safe receipt of this Transmission and Enclosures by signing and returning this Cover Sheet to us by facsimile. Enclosed are: [X] Transmittal Letter (in Duplicate); [X] Reply to Office Action; [X] Petition for Extension of Time.

WE ACKNOWLEDGE SAFE RECEIPT OF THIS TRANSMISSION.

SIGNED: DATE: IF NOT, PLEASE CALL BACK AS SOON AS POSSIBLE. PHONE: (212) 596-9300 (ASK FOR "TELECOPIER")

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner

: Sandra Wegert

Group

: 1647

Applicants

: Pardo-Fernandez et al.

Application No.

: 09/694,777

Confirmation No.: 853.5

Filed

: October 23, 2000

For

: NOVEL HUMAN K+ ION CHANNEL AND THERAPEUTIC APPLICATIONS THEREOF

> New York, New York November 30, 2001

Hon. Commissioner for Patents Washington, D.C. 20231

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Reply to Office Action; [X] a Petition for Extension of Time, to be filed in the above-identified patent application.

01 FC:216

200.00 CH

A fee for additional claims is not required.

A fee for additional claims is required.

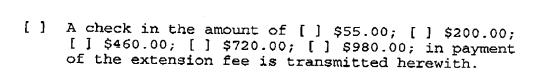
The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONAL FEES
TOTAL CL	AIMS -	- **	=	X \$ 9 = \$
INDEPEND CLAIMS	ENT	**	=	X \$ 42 = \$
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				+ \$140 = \$
* If less than 20, insert 20.				TOTAL <u>\$</u>

- ** If less than 3, insert 3.
- [] A check in the amount of \$____ in payment of the filing fee is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- [] Please charge \$_____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

[X] The following extension is applicable to the Response filed herewith; [] \$55.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [X] \$200.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$460.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$720.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136 (a); [] \$980.00 extension fee for response within fifth month pursuant to 37 C.F.R. 1.136(a).



- [X] The Director is hereby authorized to charge any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] Please charge the [] \$55.00; [X] \$200.00;
 [] \$460.00; [] \$720.00; [] \$980.00; extension
 fee to Deposit Account No. 06-1075.

Respectfully submitted,

2200

James F. Haley, Jr. (Reg. No. 27,794) Elinor K. Shin (Reg. No. 43,117) Attorneys for Applicants c/o FISH & NEAVE

1251 Avenue of the Americas New York, New York 10020-1104 Tel.: (212) 596-9000